

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Marana

or

City of Marana Ariz.

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104

County Registrar No. _____

Local Registrar No. 257

Ward _____

If birth occurred in a hospital or institution, give its NAME instead of street and number)

(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Jesus R. Romerez

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date

of birth Sept 11-25
Month Day Year

8. FATHER

Full name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

14. MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

17. Age at last birthday

(Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P. M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Address

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Filed

19

Local Registrar.

Filed

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County Registrar.

Registrar